

# Employer Certification Form

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## Voucher Program

153 State House Station  
Augusta, ME 04333-0153  
1-877-892-8391  
(207) 287-4344 TTY  
(207) 287-9922 FAX

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### Employer Information:

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Contact Person \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Total Number of Employees \_\_\_\_\_ New Hire Waiting Period \_\_\_\_\_

Employer Contribution For: Employee \_\_\_\_\_

Employer Contribution For: Dependents \_\_\_\_\_

Service Industry Code (SIC) \_\_\_\_\_ Type of Industry \_\_\_\_\_

### Broker Information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Insurance Plan Information:

Insurance Carrier Name \_\_\_\_\_

Insurance Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Plan Anniversary/Renewal Date \_\_\_\_\_

Monthly Premium Rates for:

Employee \_\_\_\_\_ Employee/Spouse \_\_\_\_\_ Employee/Child(ren) \_\_\_\_\_ Family \_\_\_\_\_

**Employer Signature or Employer's Designee** \_\_\_\_\_

NOTE: Include a Summary of Benefits for each plan offered.